

THE RYAN WHITE HIV/AIDS PROGRAM

PROGRAM FACT SHEETS: JANUARY 2013

PART C: EARLY INTERVENTION SERVICES

The Part C Early Intervention Services (EIS) component of the Ryan White HIV/AIDS Program funds comprehensive primary health care in outpatient settings for people living with HIV disease.

ELIGIBILITY

The following organizations may receive Part C grants:

- Federally Qualified Health Centers funded under Section 1905(1)(2)(b) of the Social Security Act.
- Family planning grantees (other than States) funded under Section 1001 of the Public Health Service Act.
- Comprehensive Hemophilia Diagnostic and Treatment Centers.
- Rural health clinics.
- Health facilities operated by or pursuant to a contract with the Indian Health Service.
- Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people infected with HIV/AIDS through intravenous drug use.
- Nonprofit private entities providing comprehensive primary care to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

GRANTEES

Grantees are organizations seeking to enhance their response to the HIV/AIDS epidemic in their area through the provision of comprehensive primary HIV medical care and support services.

SERVICES and IMPLEMENTATION

Grantees must allocate costs using the following Part C cost categories: EIS, core medical services, support services, quality management, and administration.

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

EIS costs are those associated with the direct provision of medical care; they are required and must make up at least 50 percent of a grantee budget. They cover the following:

- Primary care providers.
- Lab, x-ray, and other diagnostic tests.
- Medical and dental equipment and supplies.
- Patient education in conjunction with medical care.
- Transportation for clinical care providers to provide care.
- Other HIV/AIDS-related clinical and diagnostic services and periodic medical evaluations of people with HIV/AIDS.

Core medical services costs are required and include those listed above as well as the following:

- HIV post-test counseling.
- Medical case management, including treatment adherence.



U.S. Department of Health and Human Services
Health Resources and Services Administration, HIV/AIDS Bureau
5600 Fishers Lane, Room 7-05, Rockville, MD 20857
Tel.: 301.443.1993 Web: hab.hrsa.gov

- ❖ Certain core medical services historically paid by Parts A or B and only provided by Part C with justification:
 - AIDS Drug Assistance Program.
 - Health insurance premium and cost-sharing assistance for low-income individuals.
 - Home health care.
 - Hospice services.
 - Home and community-based health services as defined under Part B.

Clinical quality management (CQM) costs are those required to maintain a CQM program. Examples include:

- ❖ Continuous quality improvement (CQI) activities.
- ❖ CQM coordination.
- ❖ Data collection for CQM purposes.
- ❖ Consumer involvement to improve services.
- ❖ Staff training and technical assistance (including travel and registration) to improve services (includes the annual clinical update and the biennial All-Grantee Meeting as well as local travel to meetings not directly related to patient care).
- ❖ Electronic Medical Records: Data analysis for CQM.
- ❖ Participation in the Statewide Coordinated Statement of Need process.

Support services costs are costs for services that are needed for clients to achieve their medical outcomes, for example:

- ❖ Patient transportation to medical appointments.
- ❖ Staff travel to provide support services.
- ❖ Outreach to identify people with or at risk of contracting HIV to educate them about the benefits of early intervention and link them into primary care.
- ❖ Translation services, including interpretation services for deaf persons.
- ❖ Patient education materials for general use.
- ❖ Eligibility Specialist.

- ❖ Respite care (historically paid by Part A or B; only provided by Part C with justification).

Administrative costs are those not directly associated with service provision. Examples are as follows:

- ❖ Indirect costs—that is, costs for organizational operation and performance that are not readily identified with a particular project or program. (Indirect costs are allowed only if the applicant has a negotiated indirect cost rate approved by a recognized Federal agency.) Indirect costs are considered administrative for the Part C EIS program and are limited to 10 percent of total costs.
- ❖ Rent, utilities, and other facility support costs.
- ❖ Personnel costs and fringe benefits of staff responsible for the management of the project (such as the project director and program coordinator); non-CQI program evaluation, non-CQI data collection and reporting; supervision; and other administrative, fiscal, or clerical duties.
- ❖ Telecommunications, including telephone, fax, pager, and Internet access.
- ❖ Postage and office supplies.
- ❖ Liability insurance.
- ❖ Audits.
- ❖ Payroll and accounting services.
- ❖ Hardware and software not directly related to patient care.
- ❖ Program evaluation, including data collection for evaluation.
- ❖ Receptionist.
- ❖ Electronic Medical Records: maintenance, licensure, annual updates, data entry.

FUNDING CONSIDERATIONS

- ❖ By law, no more than 10 percent of a Federal Part C EIS budget can be allocated to administrative costs.
- ❖ By law, At least 75 percent of the balance remaining after subtracting administrative and CQM costs must be used for core medical services.
- ❖ Approximately \$205.6 million was appropriated in FY 2012.